., ,	Application or Docket Number
PATENT APPLICATION FEE DETERMINATION RECORD	

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		28				Г	RATE	FEE] .	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 29				inus 20= * &				X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				minus 3 = *				X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II							,			OTHER	THAN	
(Column 1)						(Column 3)	1 <u>-</u>	SMALL ENTITY			SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total 🔪	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	F	X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		!	+135=		OR	+270=.	
							L	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)							IDDII. FEE	<u> </u>	•	ADDI1.1 CC	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	***	T CL AINA	=	┨╏	X40=		OR	X80=	
<u> </u>	rinoi rhese	NIATION OF M	OLITE DE	ENDEN	CLAIM		」 「	+135=		OR	+270=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)			,	-	, , , , , , , , , , , , , , , , , , , ,	•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	***			J [X\$ 9=		OR	X\$18=	- 1.7m
	Independent	*	Minus	***		<u> </u>	1 t	X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		┚ ┞					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
**	** If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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